

**Testimony of the National Alliance on Mental Illness (NAMI) Connecticut  
Before the Appropriations Committee  
Department of Social Services (DSS) and Department of Children and Families (DCF) budget  
February 14, 2014**

**IN SUPPORT OF and COMMENTS regarding  
H.B. No. 5030 AN ACT MAKING ADJUSTMENTS TO STATE EXPENDITURES FOR THE FISCAL YEAR  
ENDING JUNE 30, 2015.**

Good afternoon, Senator Bye, Representative Walker and members of the Appropriations Committee. My name is Daniela Giordano and I am the Public Policy Director with the National Alliance on Mental Illness (NAMI) Connecticut. NAMI Connecticut is the state affiliate of NAMI, the nation's largest grassroots mental health organization dedicated to building better lives for all those affected by mental illness. NAMI Connecticut offers support groups across the state, educational programs, and advocacy for improved services, more humane treatment and an end to stigma and economic and social discrimination. We represent individuals living with mental health challenges and parents and family members of individuals living with such challenges. I am here tonight to support proposals that enhance access to services and make recommendations to increase access in additional areas in the budget.

We support the proposal to **maintain higher reimbursement levels for primary care physicians for Medicaid** programs. Since the federal government raised the previous considerably lower payment rates for physicians who accept Medicaid insurance, the state has seen an increase in primary care physicians accepting this insurance. Unfortunately, the federal requirement raising the rates expires on December 31, 2013. Consequently, to continue this improved access to prevention and early intervention services, the state needs to maintain these higher, more adequate rates, which will ultimately have a positive impact regarding the need for higher-end high-cost interventions.

We support the **addition of new staff for the Department of Social Services (DSS)**, a pressing recommendation voiced by advocates and benefit recipients for years. It is a step in the right direction to address (not completely solve) processing delays for applications which result in people wrongfully being cut off from essential benefits such as medications or food and hour-long wait times on the phone trying to reach the department or trying to speak with a staff person at the regional offices. However, more needs to be done and improvements should include a **change in default action at redetermination**. People often lose coverage at the time of renewal, called redetermination, because of processing delays at DSS, even though they have submitted complete information as requested. Instead of the current default to terminate coverage, DSS should continue eligibility at the time of redetermination until DSS has been able to make a final determination. That would be a fairer process.

For the Department of Children and Families (DCF), we strongly recommend reinvesting savings from the continued reductions in funding for congregate care settings into a **full and robust array of community services** which would foster community integration, rehabilitation and promote healthy outcomes for children, youth, families and the entire community. To underline the importance and urgency, this recommendation for adequate reinvestment into increased community services was unequivocally made by DCF's federal court monitor in his most recent report.<sup>1</sup>

Connected to the call for increased community services, we support recommendations made in the Program Review and Investigations' (PRI), February 2014, report *DCF Services to Prepare Youth Aging Out of State Care*.<sup>2</sup> One example includes reinvesting some of DCF's savings into transition planning specialists to **promote better transitions for youth**. Currently there are multiple gaps regarding community integration and services for youth transitioning out of DCF care. These gaps make the transition to adulthood and self-sufficiency considerably more difficult for youth who have already experienced their higher share of challenges, and who oftentimes do not have the benefit of a family to support them in this journey.

To address the immediate safety needs of children in crisis, we recommend **funding the Homeless Youth Program** which was established in 2010 (codified in Conn. Gen. Stat. § 17a-62a). This funding would allow DCF to establish two regional teams that provide outreach and a drop-in center with walk-in access to crisis intervention and ongoing support services. The 2013 study *Invisible No More: Creating Opportunities for Youth who are Homeless*<sup>3</sup> (conducted by The Consultation Center at Yale University) documented both the lack of crisis supports for these youth and their vulnerability, including high school drop-out rates, very high unemployment rates and high rates of trauma.

We **thank the governor and the legislature** for the investments made in mental health in the 2013 legislative session – investments that benefit all of Connecticut and strongly support continuing to build on these investments and the gains made.

Thank you and please let us know if we can answer any questions for you.  
Genuinely, Daniela Giordano

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<sup>1</sup> *Juan F. v. Malloy Exit Plan, Quarterly Report, April 1 to June 30, 2013*, Civil Action 2:89 CV 859 (SRU). Available at [http://www.ct.gov/dcf/lib/dcf/publications/pdf/2nd\\_qtr\\_report\\_2013\\_final\\_%282%29.pdf](http://www.ct.gov/dcf/lib/dcf/publications/pdf/2nd_qtr_report_2013_final_%282%29.pdf)

<sup>2</sup> *DCF Services to Prepare Youth Aging Out of State Care*, Staff Findings and Recommendations, February 6, 2014. Available at <http://www.cga.ct.gov/pri/docs/2013/DCF%20Age%20Out%20Staff%20F&R%20Report.pdf>

<sup>3</sup> *Invisible No More: Creating Opportunities for Youth Who Are Homeless*. Available at <http://pschousing.org/files/InvisibleNoMoreReport.pdf>